

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
69/336, 266
APPLICANT(S)

FILING DATE
06-18-99

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4		3					54						
5		3					55						
6		3					56						
7		3					57						
8		3					58						
9		3					59						
10		3					60						
11		3					61						
12		3					62						
13		3					63						
14		3					64						
15		3					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		3					75						
26		3					76						
27		3					77						
28		3					78						
29		3					79						
30		3					80						
31		3					81						
32		3					82						
33		3					83						
34		3					84						
35		3					85						
36		3					86						
37		3					87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.													
TOTAL DEP.													